

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1973
Do not use this space.

1. PLACE OF DEATH
 (a) County Caldwell Registration District No. 94
 (b) Township Breckenridge Primary Registration District No. 4036 Registered No. _____
 (c) City Breckenridge or _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 52 yrs. mos. da. (f) How long in U. S., if of foreign birth? 13 yrs. mos. da.

2. PRINT FULL NAME Thomas Prescott Weaver
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21 1842

7. AGE YEARS 98 MONTHS 2 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Steubenville (STATE OR COUNTRY) Ohio

FATHER

13. NAME Jacob Weaver

14. BIRTHPLACE (CITY OR TOWN) Penn. (STATE OR COUNTRY) Pa.

MOTHER

15. MAIDEN NAME Sabina Gawell

16. BIRTHPLACE (CITY OR TOWN) Penn. (STATE OR COUNTRY) Pa.

17. INFORMANT (NAME) Paul T. Weaver (ADDRESS) Breckenridge, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rosehill Cemetery Feb. 16 1941

19. FUNERAL DIRECTOR (NAME) T. McGeer (ADDRESS) Breckenridge, Mo.

20. FILED Feb 17 1941 A. R. Wilsey Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1941 to Feb 13 1941

I last saw him alive on Feb 13 1941. Death is said to have occurred on the date stated above, at 12 mid night.

The principal cause of death and related causes of importance were as follows:

Myocardial Regeneration
Arteriosclerosis
Diabetes Mellitus

Date of onset _____

Other contributory causes of importance: 98%

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) J. H. Anderson M. D.
 (Address) Breckenridge, Mo.

STATE OF WISCONSIN

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

T. McBeck

....., Registered Apprentice No.....

working under my personal supervision.

Signed *T. McBeck*

Licensed Embalmer No. *1570*

P. O. Address *Brookridge 7*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1973

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 94

Primary Registration District No. 4056

Registrar's No.

1. PLACE OF DEATH

(a) County Caldwell
(b) City or town Breckenridge
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

Thomas Presnell Weaver

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

98

2

23

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Feb 17-1941

(b)

A. R. Nalzey M.D.

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell
(c) City or town Breckenridge
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb day 13
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.
Duration
Immediate cause of death
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature J. D. Underwood (M. D. or other)
Address Breckenridge, Mo. (Name signed)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL

